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PTO/SB/05 (08-00) (modified)

Approved for use through 9/30/2001, OMB 0651-0032  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

|   |                        |   |
|---|------------------------|---|
| <b>NEW UTILITY<br/>PATENT APPLICATION<br/>TRANSMITTAL</b><br><i>(only for new nonprovisional applications under<br/>37 CFR 1.53(b))</i> | Attorney Docket Number | 21673-05143   |
|   | First Named Inventor   | Beerud D. Sheth                                       |
|   | Title                  | Storefront for an Electronic Marketplace for Services |
|   | Express Mail Label No. | EL482716419US   |

 JCS25 U.S. PTO  
 09/28033  
 12/01/00

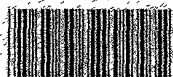
| APPLICATION ELEMENTS   | ACCOMPANYING APPLICATION PARTS  |
|--|---|
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate)   | 7. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))   |
| 2. <input checked="" type="checkbox"/> Applicant claims small entity status.<br>See 37 CFR 1.27  | 8. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)   |
| 3. <input checked="" type="checkbox"/> Specification <span style="float:right">Total Pages <span style="border:1px solid black; padding:0 5px;">32</span></span><br><i>(preferred arrangement set forth below)</i>   | 9. <input type="checkbox"/> Power of Attorney or Authorization of Agent   |
| <input type="checkbox"/> Descriptive Title of the Invention<br><input type="checkbox"/> Cross Reference(s) to Related Case(s)<br><input type="checkbox"/> Statement Regarding Fed sponsored R & D<br><input type="checkbox"/> Background of the Invention<br><input type="checkbox"/> Brief Summary of the Invention<br><input type="checkbox"/> Brief Description of the Drawing(s)<br><input type="checkbox"/> Detailed Description<br><input type="checkbox"/> Claim or Claims<br><input type="checkbox"/> Abstract of the Disclosure | 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement   |
| 4. <input checked="" type="checkbox"/> Informal Drawings <span style="float:right">Total Sheets <span style="border:1px solid black; padding:0 5px;">24</span></span><br><i>(35 U.S.C. 113)</i>  | 11. <input type="checkbox"/> Preliminary Amendment  |
| 5. Oath or Declaration   | 12. <input checked="" type="checkbox"/> Information Disclosure Statement & PTO-1449<br><input type="checkbox"/> Copies of IDS Citation(s)       |
| a. <input checked="" type="checkbox"/> New Declaration <span style="float:right">Total Pages <span style="border:1px solid black; padding:0 5px;">2</span></span>  | 13. <input type="checkbox"/> Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent |
| <input checked="" type="checkbox"/> Executed (original or copy)  | 14. <input checked="" type="checkbox"/> Return Postcard   |
| b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))<br><i>(for continuation/divisional with Box 17 completed)</i>   | 15. <input type="checkbox"/>  |
| i. <input type="checkbox"/> DELETION OF INVENTOR(S)<br>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).   | 16. <input type="checkbox"/>  |
| 6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76  | 17. <input type="checkbox"/>  |
| <b>ADDRESS TO:</b><br><b>Box Patent Application</b><br><b>Commissioner for Patents</b><br><b>Washington, D.C. 20231</b>  |   |

 18. If a **CONTINUING APPLICATION**, check appropriate box and supply the requisite information below and in a preliminary amendment or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☒ Continuation-in-part (CIP) of prior application No: 09 / 648,408

 Prior application information: Examiner: Unknown Group/Art Unit: 2161

 For **CONTINUATION OR DIVISIONAL APPS only**: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuing or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**19. CORRESPONDENCE ADDRESS**
☒ Customer Number and Bar Code Label


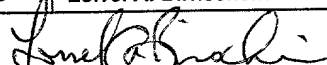
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PATENT TRADEMARK OFFICE

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|-------------------|-----------------------------|-----------------------------------|---------|
| Name (Print/Type) | Lorrel A. Birnschein        | Registration No. (Attorney/Agent) | 46,555  |
| Signature         | <i>Lorrel A. Birnschein</i> | Date                              | 12/1/00 |

|  |  |                          |                 |
|--|--|--------------------------|-----------------|
| 0002/PTO(modified)<br>Rev. 10/2000   | U.S. Department of Commerce<br>Patent and Trademark Office | <b>Complete if Known</b> |                 |
| <b>FEE TRANSMITTAL</b><br><br><b>TOTAL AMOUNT OF PAYMENT</b><br>Subtotal (1) + Subtotal (2) + Subtotal (3) = <b>(\$355.00)</b> |  | Application Number       | N/A             |
|  |  | Filing Date              | Herewith        |
|  |  | First Named Inventor     | Beerud D. Sheth |
|  |  | Group Art Unit           | 2161            |
|  |  | Examiner Name            | N/A             |
|  |  | Attorney Docket Number   | 21673-05143     |

| METHOD OF PAYMENT  | FEE CALCULATION (continued)   |  |                                 |                 |           |                        |                |                                     |                                   |           |                        |  |                                 |             |   |  |           |   |                    |  |                     |           |           |   |   |           |           |  |        |             |           |   |    |  |           |  |  |           |           |                  |  |                     |           |  |  |             |           |                                |              |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                      |  |  |  |                      |  |  |  |                     |  |  |              |
|--|---|--|---------------------------------|-----------------|-----------|------------------------|----------------|-------------------------------------|-----------------------------------|-----------|------------------------|--|---------------------------------|-------------|---|--|-----------|---|--------------------|--|---------------------|-----------|-----------|---|---|-----------|-----------|--|--------|-------------|-----------|---|----|--|-----------|--|--|-----------|-----------|------------------|--|---------------------|-----------|--|--|-------------|-----------|--------------------------------|--------------|-----------|-----------|------------------|--|-----------|-----------|-------------------------------|--|-----------|-----------|--|--|-----------|-----------|---|--|----------|----------|--|--|-----------|-----------|---|--|-----------|-----------|--|--|----------------------|--|--|--|----------------------|--|--|--|---------------------|--|--|--------------|
| <b>1. The Commissioner is hereby authorized to:</b><br><br><input type="checkbox"/> Charge the indicated fees to the below mentioned deposit account.<br><br><input checked="" type="checkbox"/> Charge any additional fee required under 37 CFR 1.16 - 1.21 or credit any over payments to the below mentioned deposit account. †<br><br><input type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27<br><br>Deposit Account Number: 19-2555<br>Deposit Account Name: FENWICK & WEST LLP<br>A Duplicate Copy of this authorization is attached<br><br><b>2. <input checked="" type="checkbox"/> Payment Enclosed:</b><br><input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other<br><br><b>FEE CALCULATION</b> (fees effective 10/01/2000)   | <b>3. ADDITIONAL FEES</b><br><table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Large Entity<br/>Fee Code/Fee</th> <th>Small Entity<br/>Fee Code/Fee</th> <th>Fee Description</th> <th>Fee Due</th> </tr> </thead> <tbody> <tr><td>105/\$130</td><td>205/\$65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>127/\$50</td><td>227/\$25</td><td>Surcharge-late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>147/\$2,520</td><td>147/\$2,520</td><td>For filing a request for reexamination</td><td></td></tr> <tr><td>115/\$110</td><td>215/\$55</td><td>Extension for response within first month†</td><td></td></tr> <tr><td>116/\$390</td><td>216/\$195</td><td>Extension for response within second month†</td><td></td></tr> <tr><td>117/\$890</td><td>217/\$445</td><td>Extension for response within third month†</td><td></td></tr> <tr><td>118/\$1,390</td><td>218/\$695</td><td>Extension for response within fourth month†</td><td></td></tr> <tr><td>128/\$1,890</td><td>228/\$945</td><td>Extension for response within fifth month†</td><td></td></tr> <tr><td>119/\$310</td><td>219/\$155</td><td>Notice of Appeal</td><td></td></tr> <tr><td>141/\$1,240</td><td>241/\$620</td><td>Petition to revive unintentionally abandoned application</td><td></td></tr> <tr><td>142/\$1,240</td><td>242/\$620</td><td>Utility Issue Fee (Or Reissue)</td><td></td></tr> <tr><td>143/\$440</td><td>243/\$220</td><td>Design Issue Fee</td><td></td></tr> <tr><td>122/\$130</td><td>122/\$130</td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>126/\$180</td><td>126/\$180</td><td>Submission of Information Disclosure Statement</td><td></td></tr> <tr><td>179/\$710</td><td>279/\$355</td><td>Request for Continued Examination (RCE)</td><td></td></tr> <tr><td>581/\$40</td><td>581/\$40</td><td>Recording each patent assignment per property (times number of properties)</td><td></td></tr> <tr><td>146/\$710</td><td>246/\$355</td><td>Filing a submission after final rejection (37 CFR 1.129(a))</td><td></td></tr> <tr><td>149/\$710</td><td>249/\$355</td><td>For each additional invention to be examined (37 CFR 1.129(b))</td><td></td></tr> <tr><td colspan="3">Other fee (specify):</td><td></td></tr> <tr><td colspan="3">Other fee (specify):</td><td></td></tr> <tr> <td colspan="3" style="text-align: right;"><b>SUBTOTAL (3)</b></td> <td><b>(\$0)</b></td> </tr> </tbody> </table> | Large Entity<br>Fee Code/Fee   | Small Entity<br>Fee Code/Fee    | Fee Description | Fee Due   | 105/\$130              | 205/\$65       | Surcharge - late filing fee or oath |                                   | 127/\$50  | 227/\$25               | Surcharge-late provisional filing fee or cover sheet |                                 | 147/\$2,520 | 147/\$2,520                                     | For filing a request for reexamination |           | 115/\$110   | 215/\$55           | Extension for response within first month† |                     | 116/\$390 | 216/\$195 | Extension for response within second month† |   | 117/\$890 | 217/\$445 | Extension for response within third month† |        | 118/\$1,390 | 218/\$695 | Extension for response within fourth month† |    | 128/\$1,890  | 228/\$945 | Extension for response within fifth month† |  | 119/\$310 | 219/\$155 | Notice of Appeal |  | 141/\$1,240         | 241/\$620 | Petition to revive unintentionally abandoned application |  | 142/\$1,240 | 242/\$620 | Utility Issue Fee (Or Reissue) |              | 143/\$440 | 243/\$220 | Design Issue Fee |  | 122/\$130 | 122/\$130 | Petitions to the Commissioner |  | 126/\$180 | 126/\$180 | Submission of Information Disclosure Statement |  | 179/\$710 | 279/\$355 | Request for Continued Examination (RCE) |  | 581/\$40 | 581/\$40 | Recording each patent assignment per property (times number of properties) |  | 146/\$710 | 246/\$355 | Filing a submission after final rejection (37 CFR 1.129(a)) |  | 149/\$710 | 249/\$355 | For each additional invention to be examined (37 CFR 1.129(b)) |  | Other fee (specify): |  |  |  | Other fee (specify): |  |  |  | <b>SUBTOTAL (3)</b> |  |  | <b>(\$0)</b> |
| Large Entity<br>Fee Code/Fee   | Small Entity<br>Fee Code/Fee  | Fee Description  | Fee Due                         |                 |           |                        |                |                                     |                                   |           |                        |  |                                 |             |   |  |           |   |                    |  |                     |           |           |   |   |           |           |  |        |             |           |   |    |  |           |  |  |           |           |                  |  |                     |           |  |  |             |           |                                |              |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                      |  |  |  |                      |  |  |  |                     |  |  |              |
| 105/\$130  | 205/\$65  | Surcharge - late filing fee or oath  |                                 |                 |           |                        |                |                                     |                                   |           |                        |  |                                 |             |   |  |           |   |                    |  |                     |           |           |   |   |           |           |  |        |             |           |   |    |  |           |  |  |           |           |                  |  |                     |           |  |  |             |           |                                |              |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                      |  |  |  |                      |  |  |  |                     |  |  |              |
| 127/\$50   | 227/\$25  | Surcharge-late provisional filing fee or cover sheet                       |                                 |                 |           |                        |                |                                     |                                   |           |                        |  |                                 |             |   |  |           |   |                    |  |                     |           |           |   |   |           |           |  |        |             |           |   |    |  |           |  |  |           |           |                  |  |                     |           |  |  |             |           |                                |              |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                      |  |  |  |                      |  |  |  |                     |  |  |              |
| 147/\$2,520  | 147/\$2,520   | For filing a request for reexamination                                     |                                 |                 |           |                        |                |                                     |                                   |           |                        |  |                                 |             |   |  |           |   |                    |  |                     |           |           |   |   |           |           |  |        |             |           |   |    |  |           |  |  |           |           |                  |  |                     |           |  |  |             |           |                                |              |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                      |  |  |  |                      |  |  |  |                     |  |  |              |
| 115/\$110  | 215/\$55  | Extension for response within first month†                                 |                                 |                 |           |                        |                |                                     |                                   |           |                        |  |                                 |             |   |  |           |   |                    |  |                     |           |           |   |   |           |           |  |        |             |           |   |    |  |           |  |  |           |           |                  |  |                     |           |  |  |             |           |                                |              |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                      |  |  |  |                      |  |  |  |                     |  |  |              |
| 116/\$390  | 216/\$195   | Extension for response within second month†                                |                                 |                 |           |                        |                |                                     |                                   |           |                        |  |                                 |             |   |  |           |   |                    |  |                     |           |           |   |   |           |           |  |        |             |           |   |    |  |           |  |  |           |           |                  |  |                     |           |  |  |             |           |                                |              |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                      |  |  |  |                      |  |  |  |                     |  |  |              |
| 117/\$890  | 217/\$445   | Extension for response within third month†                                 |                                 |                 |           |                        |                |                                     |                                   |           |                        |  |                                 |             |   |  |           |   |                    |  |                     |           |           |   |   |           |           |  |        |             |           |   |    |  |           |  |  |           |           |                  |  |                     |           |  |  |             |           |                                |              |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                      |  |  |  |                      |  |  |  |                     |  |  |              |
| 118/\$1,390  | 218/\$695   | Extension for response within fourth month†                                |                                 |                 |           |                        |                |                                     |                                   |           |                        |  |                                 |             |   |  |           |   |                    |  |                     |           |           |   |   |           |           |  |        |             |           |   |    |  |           |  |  |           |           |                  |  |                     |           |  |  |             |           |                                |              |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                      |  |  |  |                      |  |  |  |                     |  |  |              |
| 128/\$1,890  | 228/\$945   | Extension for response within fifth month†                                 |                                 |                 |           |                        |                |                                     |                                   |           |                        |  |                                 |             |   |  |           |   |                    |  |                     |           |           |   |   |           |           |  |        |             |           |   |    |  |           |  |  |           |           |                  |  |                     |           |  |  |             |           |                                |              |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                      |  |  |  |                      |  |  |  |                     |  |  |              |
| 119/\$310  | 219/\$155   | Notice of Appeal   |                                 |                 |           |                        |                |                                     |                                   |           |                        |  |                                 |             |   |  |           |   |                    |  |                     |           |           |   |   |           |           |  |        |             |           |   |    |  |           |  |  |           |           |                  |  |                     |           |  |  |             |           |                                |              |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                      |  |  |  |                      |  |  |  |                     |  |  |              |
| 141/\$1,240  | 241/\$620   | Petition to revive unintentionally abandoned application                   |                                 |                 |           |                        |                |                                     |                                   |           |                        |  |                                 |             |   |  |           |   |                    |  |                     |           |           |   |   |           |           |  |        |             |           |   |    |  |           |  |  |           |           |                  |  |                     |           |  |  |             |           |                                |              |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                      |  |  |  |                      |  |  |  |                     |  |  |              |
| 142/\$1,240  | 242/\$620   | Utility Issue Fee (Or Reissue)   |                                 |                 |           |                        |                |                                     |                                   |           |                        |  |                                 |             |   |  |           |   |                    |  |                     |           |           |   |   |           |           |  |        |             |           |   |    |  |           |  |  |           |           |                  |  |                     |           |  |  |             |           |                                |              |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                      |  |  |  |                      |  |  |  |                     |  |  |              |
| 143/\$440  | 243/\$220   | Design Issue Fee   |                                 |                 |           |                        |                |                                     |                                   |           |                        |  |                                 |             |   |  |           |   |                    |  |                     |           |           |   |   |           |           |  |        |             |           |   |    |  |           |  |  |           |           |                  |  |                     |           |  |  |             |           |                                |              |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                      |  |  |  |                      |  |  |  |                     |  |  |              |
| 122/\$130  | 122/\$130   | Petitions to the Commissioner  |                                 |                 |           |                        |                |                                     |                                   |           |                        |  |                                 |             |   |  |           |   |                    |  |                     |           |           |   |   |           |           |  |        |             |           |   |    |  |           |  |  |           |           |                  |  |                     |           |  |  |             |           |                                |              |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                      |  |  |  |                      |  |  |  |                     |  |  |              |
| 126/\$180  | 126/\$180   | Submission of Information Disclosure Statement                             |                                 |                 |           |                        |                |                                     |                                   |           |                        |  |                                 |             |   |  |           |   |                    |  |                     |           |           |   |   |           |           |  |        |             |           |   |    |  |           |  |  |           |           |                  |  |                     |           |  |  |             |           |                                |              |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                      |  |  |  |                      |  |  |  |                     |  |  |              |
| 179/\$710  | 279/\$355   | Request for Continued Examination (RCE)                                    |                                 |                 |           |                        |                |                                     |                                   |           |                        |  |                                 |             |   |  |           |   |                    |  |                     |           |           |   |   |           |           |  |        |             |           |   |    |  |           |  |  |           |           |                  |  |                     |           |  |  |             |           |                                |              |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                      |  |  |  |                      |  |  |  |                     |  |  |              |
| 581/\$40   | 581/\$40  | Recording each patent assignment per property (times number of properties) |                                 |                 |           |                        |                |                                     |                                   |           |                        |  |                                 |             |   |  |           |   |                    |  |                     |           |           |   |   |           |           |  |        |             |           |   |    |  |           |  |  |           |           |                  |  |                     |           |  |  |             |           |                                |              |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                      |  |  |  |                      |  |  |  |                     |  |  |              |
| 146/\$710  | 246/\$355   | Filing a submission after final rejection (37 CFR 1.129(a))                |                                 |                 |           |                        |                |                                     |                                   |           |                        |  |                                 |             |   |  |           |   |                    |  |                     |           |           |   |   |           |           |  |        |             |           |   |    |  |           |  |  |           |           |                  |  |                     |           |  |  |             |           |                                |              |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                      |  |  |  |                      |  |  |  |                     |  |  |              |
| 149/\$710  | 249/\$355   | For each additional invention to be examined (37 CFR 1.129(b))             |                                 |                 |           |                        |                |                                     |                                   |           |                        |  |                                 |             |   |  |           |   |                    |  |                     |           |           |   |   |           |           |  |        |             |           |   |    |  |           |  |  |           |           |                  |  |                     |           |  |  |             |           |                                |              |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                      |  |  |  |                      |  |  |  |                     |  |  |              |
| Other fee (specify):   |   |  |                                 |                 |           |                        |                |                                     |                                   |           |                        |  |                                 |             |   |  |           |   |                    |  |                     |           |           |   |   |           |           |  |        |             |           |   |    |  |           |  |  |           |           |                  |  |                     |           |  |  |             |           |                                |              |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                      |  |  |  |                      |  |  |  |                     |  |  |              |
| Other fee (specify):   |   |  |                                 |                 |           |                        |                |                                     |                                   |           |                        |  |                                 |             |   |  |           |   |                    |  |                     |           |           |   |   |           |           |  |        |             |           |   |    |  |           |  |  |           |           |                  |  |                     |           |  |  |             |           |                                |              |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                      |  |  |  |                      |  |  |  |                     |  |  |              |
| <b>SUBTOTAL (3)</b>  |   |  | <b>(\$0)</b>                    |                 |           |                        |                |                                     |                                   |           |                        |  |                                 |             |   |  |           |   |                    |  |                     |           |           |   |   |           |           |  |        |             |           |   |    |  |           |  |  |           |           |                  |  |                     |           |  |  |             |           |                                |              |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                      |  |  |  |                      |  |  |  |                     |  |  |              |
| <b>1. FILING FEE</b><br><table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Large Entity<br/>Fee Code/Fee</th> <th>Small Entity<br/>Fee Code/Fee</th> <th>Fee Description</th> <th>Fee Due</th> </tr> </thead> <tbody> <tr><td>101/\$710</td><td>201/\$355</td><td>Utility Filing</td><td><b>355</b></td></tr> <tr><td>106/\$320</td><td>206/\$160</td><td>Design Filing</td><td></td></tr> <tr><td>108/\$710</td><td>208/\$355</td><td>Reissue</td><td></td></tr> <tr><td>114/\$150</td><td>214/\$75</td><td>Provisional Filing</td><td></td></tr> <tr> <td colspan="3" style="text-align: right;"><b>SUBTOTAL (1)</b></td> <td><b>(\$355.00)</b></td> </tr> </tbody> </table>   | Large Entity<br>Fee Code/Fee  | Small Entity<br>Fee Code/Fee   | Fee Description                 | Fee Due         | 101/\$710 | 201/\$355              | Utility Filing | <b>355</b>                          | 106/\$320                         | 206/\$160 | Design Filing          |  | 108/\$710                       | 208/\$355   | Reissue   |  | 114/\$150 | 214/\$75  | Provisional Filing |  | <b>SUBTOTAL (1)</b> |           |           | <b>(\$355.00)</b>                           |   |           |           |  |        |             |           |   |    |  |           |  |  |           |           |                  |  |                     |           |  |  |             |           |                                |              |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                      |  |  |  |                      |  |  |  |                     |  |  |              |
| Large Entity<br>Fee Code/Fee   | Small Entity<br>Fee Code/Fee  | Fee Description  | Fee Due                         |                 |           |                        |                |                                     |                                   |           |                        |  |                                 |             |   |  |           |   |                    |  |                     |           |           |   |   |           |           |  |        |             |           |   |    |  |           |  |  |           |           |                  |  |                     |           |  |  |             |           |                                |              |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                      |  |  |  |                      |  |  |  |                     |  |  |              |
| 101/\$710  | 201/\$355   | Utility Filing   | <b>355</b>                      |                 |           |                        |                |                                     |                                   |           |                        |  |                                 |             |   |  |           |   |                    |  |                     |           |           |   |   |           |           |  |        |             |           |   |    |  |           |  |  |           |           |                  |  |                     |           |  |  |             |           |                                |              |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                      |  |  |  |                      |  |  |  |                     |  |  |              |
| 106/\$320  | 206/\$160   | Design Filing  |                                 |                 |           |                        |                |                                     |                                   |           |                        |  |                                 |             |   |  |           |   |                    |  |                     |           |           |   |   |           |           |  |        |             |           |   |    |  |           |  |  |           |           |                  |  |                     |           |  |  |             |           |                                |              |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                      |  |  |  |                      |  |  |  |                     |  |  |              |
| 108/\$710  | 208/\$355   | Reissue  |                                 |                 |           |                        |                |                                     |                                   |           |                        |  |                                 |             |   |  |           |   |                    |  |                     |           |           |   |   |           |           |  |        |             |           |   |    |  |           |  |  |           |           |                  |  |                     |           |  |  |             |           |                                |              |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                      |  |  |  |                      |  |  |  |                     |  |  |              |
| 114/\$150  | 214/\$75  | Provisional Filing   |                                 |                 |           |                        |                |                                     |                                   |           |                        |  |                                 |             |   |  |           |   |                    |  |                     |           |           |   |   |           |           |  |        |             |           |   |    |  |           |  |  |           |           |                  |  |                     |           |  |  |             |           |                                |              |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                      |  |  |  |                      |  |  |  |                     |  |  |              |
| <b>SUBTOTAL (1)</b>  |   |  | <b>(\$355.00)</b>               |                 |           |                        |                |                                     |                                   |           |                        |  |                                 |             |   |  |           |   |                    |  |                     |           |           |   |   |           |           |  |        |             |           |   |    |  |           |  |  |           |           |                  |  |                     |           |  |  |             |           |                                |              |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                      |  |  |  |                      |  |  |  |                     |  |  |              |
| <b>2. CLAIMS</b><br><table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Large Entity<br/>Fee Code/Fee</th> <th>Small Entity<br/>Fee Code/Fee</th> <th>Fee Description</th> </tr> </thead> <tbody> <tr><td>103/\$18</td><td>203/\$9</td><td>Claims in excess of 20</td></tr> <tr><td>102/\$80</td><td>202/\$40</td><td>Independent claims in excess of 3</td></tr> <tr><td>104/\$270</td><td>204/\$135</td><td>Multiple dependent claim</td></tr> <tr><td>109/\$80</td><td>209/\$40</td><td>Reissue independent claims over original patent</td></tr> <tr><td>110/\$18</td><td>210/\$9</td><td>Reissue claims in excess of 20 and over original patent</td></tr> </tbody> </table>   | Large Entity<br>Fee Code/Fee  | Small Entity<br>Fee Code/Fee   | Fee Description                 | 103/\$18        | 203/\$9   | Claims in excess of 20 | 102/\$80       | 202/\$40                            | Independent claims in excess of 3 | 104/\$270 | 204/\$135              | Multiple dependent claim                             | 109/\$80                        | 209/\$40    | Reissue independent claims over original patent | 110/\$18                               | 210/\$9   | Reissue claims in excess of 20 and over original patent |                    |  |                     |           |           |   |   |           |           |  |        |             |           |   |    |  |           |  |  |           |           |                  |  |                     |           |  |  |             |           |                                |              |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                      |  |  |  |                      |  |  |  |                     |  |  |              |
| Large Entity<br>Fee Code/Fee   | Small Entity<br>Fee Code/Fee  | Fee Description  |                                 |                 |           |                        |                |                                     |                                   |           |                        |  |                                 |             |   |  |           |   |                    |  |                     |           |           |   |   |           |           |  |        |             |           |   |    |  |           |  |  |           |           |                  |  |                     |           |  |  |             |           |                                |              |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                      |  |  |  |                      |  |  |  |                     |  |  |              |
| 103/\$18   | 203/\$9   | Claims in excess of 20   |                                 |                 |           |                        |                |                                     |                                   |           |                        |  |                                 |             |   |  |           |   |                    |  |                     |           |           |   |   |           |           |  |        |             |           |   |    |  |           |  |  |           |           |                  |  |                     |           |  |  |             |           |                                |              |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                      |  |  |  |                      |  |  |  |                     |  |  |              |
| 102/\$80   | 202/\$40  | Independent claims in excess of 3  |                                 |                 |           |                        |                |                                     |                                   |           |                        |  |                                 |             |   |  |           |   |                    |  |                     |           |           |   |   |           |           |  |        |             |           |   |    |  |           |  |  |           |           |                  |  |                     |           |  |  |             |           |                                |              |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                      |  |  |  |                      |  |  |  |                     |  |  |              |
| 104/\$270  | 204/\$135   | Multiple dependent claim   |                                 |                 |           |                        |                |                                     |                                   |           |                        |  |                                 |             |   |  |           |   |                    |  |                     |           |           |   |   |           |           |  |        |             |           |   |    |  |           |  |  |           |           |                  |  |                     |           |  |  |             |           |                                |              |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                      |  |  |  |                      |  |  |  |                     |  |  |              |
| 109/\$80   | 209/\$40  | Reissue independent claims over original patent                            |                                 |                 |           |                        |                |                                     |                                   |           |                        |  |                                 |             |   |  |           |   |                    |  |                     |           |           |   |   |           |           |  |        |             |           |   |    |  |           |  |  |           |           |                  |  |                     |           |  |  |             |           |                                |              |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                      |  |  |  |                      |  |  |  |                     |  |  |              |
| 110/\$18   | 210/\$9   | Reissue claims in excess of 20 and over original patent                    |                                 |                 |           |                        |                |                                     |                                   |           |                        |  |                                 |             |   |  |           |   |                    |  |                     |           |           |   |   |           |           |  |        |             |           |   |    |  |           |  |  |           |           |                  |  |                     |           |  |  |             |           |                                |              |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                      |  |  |  |                      |  |  |  |                     |  |  |              |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">(Col. 1)</th> <th colspan="2">(Col. 2)</th> <th colspan="2">(Col. 3)</th> <th>Fee</th> <th>Fee Due</th> </tr> <tr> <th>For</th> <th>No. of Existing Claims</th> <th>minus*</th> <th>Highest No. Previously Paid For</th> <th>=</th> <th>Extra**</th> <th>x</th> <th></th> </tr> </thead> <tbody> <tr> <td>TOTAL</td> <td>19</td> <td>minus*</td> <td>20 or 0</td> <td>=</td> <td>0</td> <td>x</td> <td>9</td> </tr> <tr> <td>INDEP</td> <td>2</td> <td>minus*</td> <td>3 or 0</td> <td>=</td> <td>0</td> <td>x</td> <td>40</td> </tr> <tr> <td colspan="7">[ ] First presentation of multiple dependent claim</td> <td></td> </tr> <tr> <td colspan="7" style="text-align: right;"><b>SUBTOTAL (2)</b></td> <td><b>(\$0)</b></td> </tr> </tbody> </table> <p>* Subtract the greater number of Col. 2<br/>** If the difference between Col. 1 and Col. 2 is less than zero, then enter "0" in Col. 3</p> |   | (Col. 1)   |                                 | (Col. 2)        |           | (Col. 3)               |                | Fee                                 | Fee Due                           | For       | No. of Existing Claims | minus*   | Highest No. Previously Paid For | =           | Extra**   | x                                      |           | TOTAL   | 19                 | minus*                                     | 20 or 0             | =         | 0         | x   | 9 | INDEP     | 2         | minus*                                     | 3 or 0 | =           | 0         | x   | 40 | [ ] First presentation of multiple dependent claim |           |  |  |           |           |                  |  | <b>SUBTOTAL (2)</b> |           |  |  |             |           |                                | <b>(\$0)</b> |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                      |  |  |  |                      |  |  |  |                     |  |  |              |
| (Col. 1)   |   | (Col. 2)   |                                 | (Col. 3)        |           | Fee                    | Fee Due        |                                     |                                   |           |                        |  |                                 |             |   |  |           |   |                    |  |                     |           |           |   |   |           |           |  |        |             |           |   |    |  |           |  |  |           |           |                  |  |                     |           |  |  |             |           |                                |              |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                      |  |  |  |                      |  |  |  |                     |  |  |              |
| For  | No. of Existing Claims  | minus*   | Highest No. Previously Paid For | =               | Extra**   | x                      |                |                                     |                                   |           |                        |  |                                 |             |   |  |           |   |                    |  |                     |           |           |   |   |           |           |  |        |             |           |   |    |  |           |  |  |           |           |                  |  |                     |           |  |  |             |           |                                |              |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                      |  |  |  |                      |  |  |  |                     |  |  |              |
| TOTAL  | 19  | minus*   | 20 or 0                         | =               | 0         | x                      | 9              |                                     |                                   |           |                        |  |                                 |             |   |  |           |   |                    |  |                     |           |           |   |   |           |           |  |        |             |           |   |    |  |           |  |  |           |           |                  |  |                     |           |  |  |             |           |                                |              |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                      |  |  |  |                      |  |  |  |                     |  |  |              |
| INDEP  | 2   | minus*   | 3 or 0                          | =               | 0         | x                      | 40             |                                     |                                   |           |                        |  |                                 |             |   |  |           |   |                    |  |                     |           |           |   |   |           |           |  |        |             |           |   |    |  |           |  |  |           |           |                  |  |                     |           |  |  |             |           |                                |              |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                      |  |  |  |                      |  |  |  |                     |  |  |              |
| [ ] First presentation of multiple dependent claim   |   |  |                                 |                 |           |                        |                |                                     |                                   |           |                        |  |                                 |             |   |  |           |   |                    |  |                     |           |           |   |   |           |           |  |        |             |           |   |    |  |           |  |  |           |           |                  |  |                     |           |  |  |             |           |                                |              |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                      |  |  |  |                      |  |  |  |                     |  |  |              |
| <b>SUBTOTAL (2)</b>  |   |  |                                 |                 |           |                        | <b>(\$0)</b>   |                                     |                                   |           |                        |  |                                 |             |   |  |           |   |                    |  |                     |           |           |   |   |           |           |  |        |             |           |   |    |  |           |  |  |           |           |                  |  |                     |           |  |  |             |           |                                |              |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                      |  |  |  |                      |  |  |  |                     |  |  |              |

|                       |   |                                 |         |
|-----------------------|---|---------------------------------|---------|
| <b>SUBMITTED BY</b>   |   | <b>Complete (if applicable)</b> |         |
| Typed or Printed Name | Lorrel A. Birnschein  | Reg. Number                     | 46,555  |
| Signature             |  | Date                            | 12/1/00 |